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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/707,672
Filing Date	12/31/2003
First Named Inventor	William C. Hiscox
Art Unit	1616
Examiner Name	CHOI, FRANK I
Attorney Docket Number	217604222003

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☒ A Power of Attorney is submitted herewith.

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☐ I hereby appoint the practitioners associated with the Customer Number:

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**OR**

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**I am the:**

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	William C. Hiscox		
Date	June 19, 2007	Telephone	509-979-6142

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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